

Systematic Withdrawal Change Form

Questions? Call Scarborough at 1-800-223-7608.

Instructions

Use this form to change your Systematic Withdrawal for your account. Please type or print.

1. Provide General Account Information

Plan Number 132014

Name of Owner/Participant _____
First MI Last

Mailing Address _____
Street Address City State ZIP Code

Social Security Number/Tax I.D. Number _____ Date of Birth _____
mm/dd/yyyy

Daytime Phone Number _____ Home Phone Number _____

2. Effective Date

Date you would like your change to take effect: _____
mm/dd/yyyy

* Please note that we need to receive this form no later than 15 business days prior to your effective date in order to allow for processing time.

3. Withdrawal Amount

CHECK HERE IF YOU WISH TO CHANGE YOUR SYSTEMATIC WITHDRAWAL AMOUNT.

I hereby request Security Benefit to change my withdrawal amount from my Local Union IRA as indicated below.

Current Withdrawal Amount \$ _____ New Withdrawal Amount \$ _____

4. Tax Withholding

CHECK HERE IF YOU WISH TO CHANGE THE AMOUNT OF TAXES WITHHELD FROM YOUR WITHDRAWAL AMOUNT.

Federal Withholding: Current Amount \$ _____ New Amount \$ _____

State Withholding: Current Amount \$ _____ New Amount \$ _____

I DO NOT WISH TO HAVE TAXES WITHHELD FROM MY WITHDRAWAL.

Please Note: If you choose to have no withholding, the IRS requires that you file estimated quarterly taxes. Some states also require quarterly filing.

5. Provide Bank Information

CHECK HERE IF YOU WISH TO CHANGE YOUR BANK INFORMATION.

I hereby request Security Benefit to initiate electronic deposits to my bank account as indicated on this form.

Please provide your bank information below. If any information is missing your request may be delayed. Please attach a void check to ensure necessary information is provided.

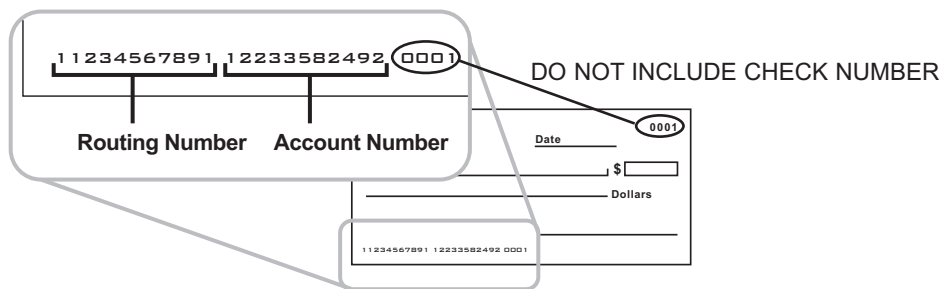
New Bank Account Type (please check one): Checking Savings

Bank Name _____

Name on Bank Account _____

Bank Routing Number _____

Bank Account Number (Do not include check number) _____



6. Provide Signature

I hereby authorize Security Benefit to make the changes indicated above to my account.

X _____
Signature of Owner/Participant Date (mm/dd/yyyy)